|                                                                                                                                 |                                                                                                                                                                                                                                  |                                      | Didi tide di dini. je 3 i           | OAN LOOP         |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|------------------|--|--|--|--|--|--|
| FORM PTO-1390 (Modified)<br>(REV. 10-2003)                                                                                      | U.S. DEPARTMENT OF CO                                                                                                                                                                                                            | ATTORNEY'S DOCKET NUMBER 820117-1020 |                                     |                  |  |  |  |  |  |  |
| TRANSMITTAL I                                                                                                                   |                                                                                                                                                                                                                                  | U.S. APPLICATION NO. (IF KNOWN)      |                                     |                  |  |  |  |  |  |  |
| DESIGNATED                                                                                                                      |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| CONCERNING A FILING UNDER 35 U.S.C. 371 10/523732                                                                               |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| INTERNATIONAL APPLI                                                                                                             | CATION NO.                                                                                                                                                                                                                       | INTERNATIONAL FILING DA              |                                     |                  |  |  |  |  |  |  |
| PCT/NL2002/000526 02 August 2002 (02.08.2002) 02 August 2002 (02.08.2002)                                                       |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| TITLE OF INVENTION AN ASSEMBLY AND METHOD FOR PERFORMING PARALLEL CHEMICAL EXPERIMENTS, IN PARTICULAR                           |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| CRYSTALLISATION EXPERIMENTS                                                                                                     |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| APPLICANT(S) FOR DO/EO/US:                                                                                                      |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| Erwin BLOMSMA, Adriaan Jan VAN LANGEVELDE, Danny Dirk Pieter Willem STAM                                                        |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| 1. X This is a FIRST                                                                                                            | submission of i                                                                                                                                                                                                                  | tems concerning a filing under 35 l  | S.C. 371.                           |                  |  |  |  |  |  |  |
|                                                                                                                                 | This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.  This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C 371.                                                         |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| -                                                                                                                               | items (5), (6), (9) and (21) indicated below.                                                                                                                                                                                    |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | A copy of the International Application as filed (35 U.S.C. 371(c)(2)).                                                                                                                                                          |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | is attached hereto (required only if not communicated by the International Bureau).                                                                                                                                              |                                      |                                     |                  |  |  |  |  |  |  |
| b. 🛭 has been co                                                                                                                | mmunicated by                                                                                                                                                                                                                    | the International Bureau             |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | T                                                                                                                                                                                                                                |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | _                                                                                                                                                                                                                                | of the International Application as  | led (35 U.S.C. 371(c)(2)).          | ·                |  |  |  |  |  |  |
|                                                                                                                                 | is attached hereto.                                                                                                                                                                                                              |                                      |                                     |                  |  |  |  |  |  |  |
| b. has been pr                                                                                                                  | eviously submitt                                                                                                                                                                                                                 | ted under 35 U.S.C. 154(d)(4).       |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).                                                                                                                            |                                      |                                     |                  |  |  |  |  |  |  |
| •                                                                                                                               | are attached hereto (required only if not communicated by the International Bureau).                                                                                                                                             |                                      |                                     |                  |  |  |  |  |  |  |
| <del></del>                                                                                                                     |                                                                                                                                                                                                                                  | y the International Bureau.          | andments has NOT syminad            |                  |  |  |  |  |  |  |
|                                                                                                                                 | have not been made; however, the time limit for making such amendments has NOT expired.                                                                                                                                          |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | have not been made and will not be made                                                                                                                                                                                          |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).                                                                                                                      |                                      |                                     |                  |  |  |  |  |  |  |
| 9. An oath or declar                                                                                                            | An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). (Unexecuted)                                                                                                                                                   |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).                                                                                   |                                      |                                     |                  |  |  |  |  |  |  |
| (33 0.3.0. 371(                                                                                                                 | ~)(~ <i>)])</i> ·                                                                                                                                                                                                                |                                      |                                     |                  |  |  |  |  |  |  |
| Items 11 to 20 below co                                                                                                         | ncern documen                                                                                                                                                                                                                    | t(s) or information included:        |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 |                                                                                                                                                                                                                                  | ement under 37 C.F.R. 1.97 and 1.9   |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.                                                                                                                |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | A preliminary amendment                                                                                                                                                                                                          |                                      |                                     |                  |  |  |  |  |  |  |
| 14. An Application                                                                                                              | An Application Data Sheet under 37 CFR 1.76.                                                                                                                                                                                     |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| 16. A power of atto                                                                                                             | A power of attorney and/or change of address letter.                                                                                                                                                                             |                                      |                                     |                  |  |  |  |  |  |  |
| 17. A computer-rea                                                                                                              | A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |
| 18. A second copy                                                                                                               | A second copy of the published international application under 35 U.S.C. 1.54(d)(4).                                                                                                                                             |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 | A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). Other items or information: PCT Written Opinion dated March 29, 2004; Notification of Transmittal of International |                                      |                                     |                  |  |  |  |  |  |  |
|                                                                                                                                 |                                                                                                                                                                                                                                  |                                      | , 2004; Notification of Transmittal | oi international |  |  |  |  |  |  |
| Preliminary Examination Report dated August 4, 2004.                                                                            |                                                                                                                                                                                                                                  |                                      |                                     |                  |  |  |  |  |  |  |

| U.S.                                                                                                            | U.S. APPLICATION NO. (IF KNOWN) INTERNATIONAL APPLICATION NO. PCT/NL2002/000526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | ATTORNEY'S DOCKET NO.:<br>820117-1020 |                    |                                               |                       |                                         |                         |                       |  |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|--------------------|-----------------------------------------------|-----------------------|-----------------------------------------|-------------------------|-----------------------|--|
| 21.                                                                                                             | The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | follow                                  | ing fees                              | are submitted      | <u> </u>                                      | 02/000320             |                                         | CALCULATIONS            | PTO USE ONLY          |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       | 6200.00                                 |                         |                       |  |
|                                                                                                                 | <ul> <li>A) Basic national fee</li> <li>B) Examination fee</li> <li>S200.00</li> <li>S200.00</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                       |                    |                                               |                       | \$300<br>\$200                          |                         |                       |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       | \$500.00                                | \$500                   |                       |  |
| - 🖂                                                                                                             | c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | то                                    | TAL OF ABO         | VE CALCULAT                                   | CIONS =               | \$1000.00                               | \$1000                  |                       |  |
| Additional fee for specification and drawings filed in paper over 100 pages                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       | \$                                      |                         |                       |  |
| (excluding sequence listing or computer program listing filed in an electronic                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
| medium). The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof.                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
| Total Sheets   Extra Sheets   Number of each additi                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    | RATE                                          |                       |                                         |                         |                       |  |
| 12 -                                                                                                            | 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0/50 =                                  | =                                     | thereof (10)       | of (round up to a whole number)  0 X \$250.00 |                       |                                         | \$0                     |                       |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       | e oath or declara  | tion later than 30                            | months from the ear   |                                         | \$                      |                       |  |
| priori                                                                                                          | ty date (37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FR 1.492(                               |                                       |                    | I NATI (DDD)                                  | EXTERN A              | D 4 MIC                                 |                         |                       |  |
| T-4-1                                                                                                           | CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                       | ER FILED           | NUMBER                                        |                       |                                         | 60                      | 1                     |  |
|                                                                                                                 | claims<br>endent claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                       |                                       | - 20 =<br>- 3 =    | 0                                             |                       | x \$50.00<br>x \$200.00                 | \$0<br>\$0              |                       |  |
|                                                                                                                 | ple Depender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                       |                    |                                               |                       | \$360.00                                | \$0                     |                       |  |
|                                                                                                                 | pro Depondo.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | (                                     |                    | TOTAL OF                                      | ABOVE CALC            | <u> </u>                                | \$0                     |                       |  |
|                                                                                                                 | Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | claims s                                | mall entit                            |                    |                                               | he fees indicated     |                                         | \$                      |                       |  |
| ]                                                                                                               | reduced b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y 1/2.                                  |                                       | -                  |                                               |                       |                                         |                         |                       |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 120.00.6                                | 6                                     | 3 E P. 1.          | 1-4: 1-4 41-                                  |                       | UBTOTAL =                               | \$1000                  |                       |  |
| priori                                                                                                          | ssing fee of the strain of the | 6 <b>130.00</b> 10<br>FR 1.492 <i>(</i> | r turnishin<br>M).                    | ig the English tra | ansiation later th                            | an 30 months from the | ie earliest cialmed                     | \$                      |                       |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               | TOTAL NATI            |                                         | \$1000                  |                       |  |
| Fee fo                                                                                                          | or recording t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | he enclose                              | ed assignm                            | ent (37 CFR 1.2    | (1(h)). The assign                            | nment must be accor   | npanied<br>+                            | \$                      |                       |  |
| by an                                                                                                           | appropriate o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | over shee                               | t (37 CFR                             | 3.28, 3.31) \$40   | 0.00 per property                             | TOTAL FEES E          |                                         | \$1000                  |                       |  |
| TOTAL TIES ENCLOSED                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               | Amount to be refunded | \$                                      |                         |                       |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       |                                         | Amount to be            | \$                    |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +                                       | h a amanım                            | + of 1000 00 to    | a courar the char                             | ve fees is enclose.   |                                         | charged                 |                       |  |
| a.<br>b.                                                                                                        | F9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                       | eposit Accou       |                                               | in the amount of      | f\$ to cov                              | er the above fees.      |                       |  |
| 0.                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               | m mo umoum o          | . • • • • • • • • • • • • • • • • • • • |                         |                       |  |
| c.                                                                                                              | A duplicate copy of this sheet is enclosed.  c.   The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
|                                                                                                                 | Deposit Account No. 20-0778. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
| d.                                                                                                              | ☐ Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s are to                                | be charg                              | ed to a credi      | t card. WAR                                   | NING: Information     | ion on this forr                        | n may become public.    | Credit card           |  |
| information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               | 95 has not been m     | et, a petition to                       | revive (37 CFR 1.137(a) | or (b)) must be filed |  |
| and granted to restore the application to pending status.  SEND ALL CORRESPONDENCE TO:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
| SLIV                                                                                                            | D ALL CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CICL31 O                                | NDENCI                                | <u> </u>           |                                               |                       |                                         |                         |                       |  |
|                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               | 1                     | 11                                      |                         |                       |  |
|                                                                                                                 | Todd Deveau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                       |                    |                                               |                       | an                                      |                         |                       |  |
| Thomas, Kayden, Horstemeyer Signature                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
| & RISLEY, L.L.P.                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
| 100 Galleria Parkway, Suite 1750                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               | Todd Deveau           |                                         |                         |                       |  |
| Atla                                                                                                            | Atlanta, Georgia 30339 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
| (770) 933-9500 (Phone) (770) 951-0933 (Fax)  Registration Number                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
| (770                                                                                                            | (770) 951-0933 (Fax) Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |
|                                                                                                                 | 31 Jan. 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                       |                    |                                               |                       |                                         |                         |                       |  |